CHULA VISTA POLICE DEPARTMENT PEDDLER/SOLICITOR/VENDING VEHICLE RENEWAL APPLICATION

NAME:					
Name of Bu	Last usiness:	First	M		
ADDRESS:					
HOME #: _			WORK #:		
EMAIL ADD	DRESS				
	CONVICTIONS IN THE se list on back side of		HS: YES	NO	
EXPIRATIO	N DATE OF PERMIT	T:	DATE OF BIR	TH:	
SOCIAL SE	CURITY #:		CDL #:		
WEIGHT: _	HEIGHT:	HAIR COLOR:	EYE COLOR	: AGE:	
The follow	ving information m	ust be submitted	d to renew your P	eddlers/Vending	Permit:
	\$15.00 renewal fee p One 2" x 2" photos t				
VENDING	VEHICLES MUS	ST SUBMIT THE	FOLLOWING D	OCUMENTS:	
> >	Valid Driver's License Current Department Current Vehicle Insul Department of Health City of Chula Vista B	of Motor Vehicle reg rance Card n Card/Symbol	gistration		
	Vending permit is License applicati				
	Y NOT OPPERATION ON TROLLED LIC	_		ISTA WITHOUT	A VALID
_	Y THAT THE INFO ND ACCURATE.	ORMATION PRO	OVIDED ON THIS	S APPLICATION	IS
SIGNATUR	E:			DATE	

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.

ALL FEES ARE NON-REFUNDABLE

5Bb2 REV 12/11 lg